

Global Cuts, Local Impact: The Power of Community Response

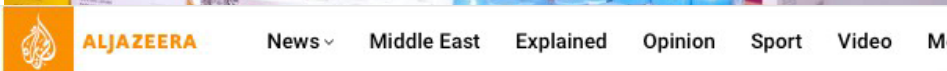
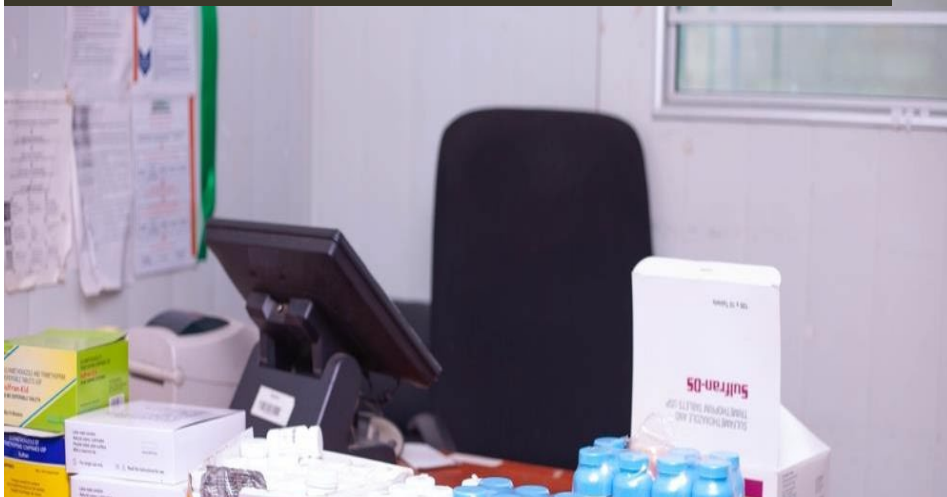
Bactrin Killingo, ITPC



Works in Progress: Transforming the HIV Response in a Time of Change, April 20-22, 2026 | Nairobi, Kenya

Evolving HIV Landscape **Following Funding Disruptions**

Medicines in stock at clinic in Malawi, but healthcare workers unsure if to use.



How Trump reimagined presidential clemency | It's time for the world to boycott the US | Can the US challenge China on critical min

Features | HIV/AIDS

How US funding cuts are threatening South African families living with HIV

Critical community initiatives that provide testing, food and support and HIV vaccine research have been dismantled.

Works in Progress: Transforming the HIV Response in a Time of Change
April 20-22, 2026 | Nairobi, Kenya


Trump's aid freeze sparks mayhem around the world

By Emma Farge, Maggie Fick, Poppy McPherson, Humeyra Pamuk and Jennifer Rigby

February 8, 2025 4:18 PM GMT+2 · Updated February 8, 2025



SAVINGRAM

FROM: Director Public Health 
TEL: 363 2069
TO: Permanent Secretary Ministry of Local Government and Traditional Affairs
Att: Director Primary Health Care
REF: HSM 6/9/3 II (133) 19th November, 2025

GUIDANCE ON PRIORITISATION AND RISK ASSESSMENT DURING HIV TEST KIT SHORTAGE

The above matter refers.

This communication is to inform you that Ministry of Health is still facing a shortage of HIV test kits. Unfortunately, we are experiencing challenges in the procurement process, which at times result in delays in restocking ultimately leading to stockouts in some facilities.

HIV Testing Services Program therefore still urges facilities to prioritize testing for high-risk population groups and the groups still stand as follows:

- Pregnant women (initial test, and 36 weeks test/labour and delivery),
- TB and very ill patients
- PMTCT babies and sick children
- Clients receiving PrEP services

Additional to the above stated high-risk populations, Clinicians and all Testers are requested to exercise their discretion to prioritize other patients seeking the service based on clinical judgement and risk assessment. A thorough risk assessment should be conducted to establish the need for testing, taking into consideration the following:

- Symptomatic patients

engagemenshealth · Follow

engagemenshealth Important Announcement: Engage Men's Health Suspension of Services

OUT and Engage Men's Health regret to announce that, due to an immediate 'stop-work order' issued by our funder, we cannot provide any services until further notice.

We understand the urgency of your health needs and urge clients to seek care and access ARVs or PrEP at their nearest public health facility or healthcare provider. For PEP (following potential HIV exposure), please visit your local clinic or consult a Dis-Chem pharmacist within 72 hours.

We deeply value our clients and remain committed to safeguarding your health. We sincerely apologise for the inconvenience and disruption this may cause. Unfortunately, we are unable to provide further details at this time.

For urgent mental health support:



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natter is crucial in ensuring that testing is period of shortages. We appreciate your ard to resolving the challenges soon.



Community Consequences

Funding cuts are often framed as efficiency exercises. Yet communities experience them as emergencies, especially when not done in a phased manner (issues of speed and severity).

- Civil society advocacy funding streams were frozen
- Drop-in centers and outreach programs closed
- Key population engagement activities were halted
- Community-led monitoring (CLM) activities were suspended in several countries

Without Community-centered approaches, Funding Transitions Deepen Inequities and undo progress

Case Studies

In Mozambique, comparing February 2024 and February 2025:

- 25% reduction in ART initiation among adults
- 33% reduction in viral load suppression
- 43% reduction in viral load suppression among children

Dorlim Moiana Uetela, "The impact of the U.S. funding interruption on HIV services and the HIV epidemic in Mozambique"

In South Africa, comparing Q1 2024 and Q1 2025:

- 31% reduction in HIV diagnoses
- 30% reduction in ART initiations

Khensani Chauke, "Termination of the USAID APACE award in Johannesburg, South Africa: Impact on the number of people living with HIV tested, diagnosed and initiated on anti-retroviral therapy (ART) (January-March 2023-2025) "

Impact on research

- When funding was paused, research infrastructure, including data managers, follow-up staff, and community engagement platforms, were disrupted.
- Trials may not have formally closed, but retention, monitoring, and data integrity were compromised.



Community Resilience, Innovation & Action

Communities are not just Recipients of Care (RoC) but they also are frontline actors who identify and respond to disruptions early.

- They often are first & Early responders
- Provide real-time intelligence (CLM) that improves
 - Service uptake
 - Treatment outcomes
 - System accountability
- Detect early warning signals before systems do

CLM is now a recognized innovation and a global standard that's essential for decision-making and accountability in HIV responses

Community Innovations in Prevention (Post-Funding Cuts)

- **Decentralized PrEP delivery**
 - South Africa (OUT, TB HIV Care) – community PrEP through mobile units & KP networks
 - Kenya (LVCT Health, NEPHAK) – peer-led PrEP access and navigation
- **Integrated HIV/SRHR services**
 - Zimbabwe (ZNNP+) – integration of HIV prevention with SRHR & community support groups
 - Uganda (TASO) – HIV testing integrated into broader community health outreach
- **Peer-led demand creation**
 - Nigeria (Heartland Alliance Nigeria) – KP-led outreach for HIV prevention
- **Digital & community communication**
 - Kenya & South Africa – WhatsApp peer groups guiding clients to available services

Prevention has shifted closer to Communities

In South Africa and Kenya, peer networks and mobile delivery models are maintaining PrEP access.

Organizations like TASO and ZNNP+ are integrating HIV with broader health services to remain efficient despite funding gaps.

These approaches are sustaining prevention demand even as formal systems weaken.

Sustaining Treatment & Care Through Community Systems

- **Community ART distribution (CADs)**
 - Mozambique (APSS, FDC) – community ART groups (CAGs) ensuring continuity
 - Malawi (MANET+) – community refill groups & adherence clubs
- **Peer navigation & adherence support**
 - Kenya (NEPHAK) – expert clients supporting retention during disruptions
 - South Africa (Positive Women's Network, TAC) – peer-led adherence support
- **Differentiated Service Delivery (DSD) adaptation**
 - Uganda (ICWEA) – tailored models for women living with HIV
- **Community-Led Monitoring (CLM)**
 - Regional (ITPC, AfNHi, JONEHA) – early warning systems tracking disruptions
- **Informal referral systems**
 - Zambia & Malawi (ITPC networks) – community navigation across facilities

Treatment continuity is being preserved through community systems.

Mozambique's community ART groups are a strong example of decentralized care.

Across **Kenya** and **South Africa**, peer supporters are replacing lost workforce capacity.

CLM is now functioning as a real-time response system, not just a monitoring tool, helping communities and governments act quickly

What Needs to Change - From Innovation to System Design

- **Institutionalize community-led service delivery**
 - Formalize CADs, peer-led PrEP, and outreach models into national systems
- **Finance community systems as core infrastructure**
 - Direct funding for CBOs, peer networks, and CLM (not as add-ons)
- **Protect and scale differentiated service delivery (DSD)**
 - Preserve flexible, community-based models during integration
- **Embed CLM into national decision-making**
 - Use real-time community data for funding, service adaptation & accountability
- **Shift from engagement to co-implementation**
 - Communities as service providers, not just participants
- **Build transition-resilient systems**
 - Plan for funding shocks with community-led continuity mechanisms



Thank You!

